

EMS Code Task Force Meeting Minutes
April 4, 2008

The Idaho Code Task Force held a meeting on this date in the East Conference Room of the Joe R. Williams Building, 700 East State Street, Boise, Idaho. Facilitator Bob Werth called the meeting to order at 9:05 a.m.

Task Force Member Attendees:

Bob Werth, Facilitator
Dia Gainor, EMS Bureau
Gary Rohwer, ISFCA
Joe Young, IAC
Keith Bird, AIC
Lynn Borders, IFCA
Mark Niemeyer, IFCA
Mike McGrane, IHA
Murry Sturkie, EMSPC
Ron Anderson, IFCA
Ted Ryan, IHA
Teresa Baker, IAC
Tom Allen, AIC
Tom Dale, AIC
Troy Hagen, IAC
Wayne Denny, EMS Bureau

Other Attendees:

Diana Hone, EMS Bureau
Kerry Ellen Elliott, IAC
Paul Roberts, City of Boise
Mike Walker, PFFI
David Repsher, ISU student nurse

Review and Approval of February Minutes

Troy Hagen moved and Tom Allen seconded a motion to approve the draft minutes as submitted. The motion passed unanimously.

Review and editing of proposed documents for presentation of EMSS District Legislation

Version 1.9 of the Draft EMSS District Legislation was distributed along with a document entitled “EMS Code Draft Legislation Highlights (4)” which will be referred to as talking points.

The Code Task Force members went through the talking points line by line making a few revisions. The final document was approved in the afternoon and is attached as EMS Code Task Force talking points v.5. This document is to be used as a handout to give interested stakeholders an overview of the proposed EMSS District Legislation which the task force has been working on. As the task force went through the document, the corresponding page and line number in the

draft legislation document were identified. When the draft legislation document is ready for distribution, hopefully after the May meeting, the talking points handout will be updated with these cross references.

The Code Task Force members reviewed a Power Point presentation that was put together by Troy Hagen for the members to use at meetings when introducing and educating stakeholders about the proposed EMSS District Legislation. They edited each slide and reached consensus on what they wanted in the presentation. A hard copy of the presentation slides are attached. The members want the EMSS District Structure slide to be printed as a visual handout to go along with the highlight page.

Tom Allen will be using these two documents at a presentation on Monday, April 7. The group briefly discussed the order for a presentation. He will report his experience to the task force at the next meeting so the group can discuss any adjustments or refinements that may be necessary.

The talking point and reference in the draft legislation regarding hospital-based interfacility transfers was discussed at length. It was agreed that Ted Ryan, Mike McGrane, Dia Gainor, Lynn Border or Joe Young, and Troy Hagen will form a working group to develop language to try to resolve this issue before the May meeting. The talking point in question was “Hospital-based EMS agencies may provide interfacility transfers out of or back to their own hospital without limitations by the district authority” This refers to page 6, Line 325-329, in Version 1.9 of the Draft EMSS District Legislation.

A list of Frequently Asked Questions was started:

What’s broken?

Costs in money?

How does this affect our ability to be self determining?

What do we lose?

What do we gain?

Who makes medical decisions / sets medical policy?

Can we still do whatever we want?

Will we have a voice in the system?

Will we share in the revenue?

Will this improve patient care?

There is no us and them, you are them? Them & Us becomes WE.

Do we have to participate? What happens if we don’t?

Will any services be eliminated?

Do we still have to be licensed?

Who is in charge?

Does licensing change?

Who is paying for this?

Does this increase taxes?

Who will object?

Why would anyone object?

Do the people get to vote?

What is the effect on private providers?

If our system is working fine, why do we have to change?
Can a single agency force change?
Could the minority force the majority to change?
Is there an appeals process for anyone who feels slighted?

The members want to formulate the answers to these questions and add this to the talking points handout at the next meeting.

It was noted that Dia was recently appointed to the new National EMS Advisory Committee (NEMSAC) and has been asked by the Secretary of the US Department of Transportation (US DOT) to chair this committee. The US DOT has been the closest thing to the lead federal agency for EMS issues in the nation but there has not been any form of council, or advisory committee, or way for the systems of this nation to speak to that federal agency with a good multi-agency, multi-disciplinary composition that is reflective of the fabric of EMS nationally. US DOT, through a very formal process, created this federally utilized advisory committee. The composition is a lot like our EMSAC with a representative from air medical services, a representative from the fire sector and other disciplines along with a representative of the 56 state and territorial EMS directors. There was a nationwide nomination process about 1 ½ years ago with about 400 nominations received. Dia was chosen as the state and territorial EMS officer representative. This puts Idaho and what the Code Task Force is working on at the forefront of what is being done in EMS across the nation.

Dia also presented a county profile project the EMS Bureau has been working on. This project is almost complete and ready for approval by the Division of Health. The information will be a great tool for the Task Force to use as they address the “What’s the problem?” question as they educate stakeholders about the need to develop the new EMS System Districts. Along with other data, it is full of facts and grafts for each county in the state showing overlapping jurisdictions and areas in each county where this is no EMS coverage.

Items to work on at the next meeting:

FAQ

Review Draft Legislation to get to distributable state

Report from Interfacility Transfer Sub-Committee

Report back on presentations using the power point and talking points

EMS Bureau licensing law

Highlights / talking points with references to Legislation document

Next meeting: May 5th Monday at 9:00

Meeting adjourned at 4:30

EMS CODE DRAFT LEGISLATION HIGHLIGHTS

- All ambulance districts become “Emergency Medical Services System (EMSS) Districts”
- All counties in which no ambulance district exists form an EMSS district.
- The governing board of the EMSS district can be either county commissioners or a three person board of one mayor or city councilperson, one fire district commissioner, and one county commissioner.
- The county commissioners, or the majority of fire districts, or the majority of cities can change the governing board to the multi-governmental configuration.
- The governing board makes final decisions regarding the EMSS district and has most customary powers and duties normally associated with cities, fire districts, and counties regarding EMS.
- An EMSS district may be comprised of two or more counties when the boards so desire and agree.
- Language guides annexation or contractual coverage of areas in adjacent counties when geographically necessary or a jurisdiction straddles the county line.
- An EMSS district levy is optional and can be instituted initially, preserved at the level previously assessed as an ambulance district, adjusted within the levy cap, or implemented at a later time.
- The governing board sets the fees charged for EMS agency responses and services; all revenues are deposited into the dedicated district fund along with proceeds from motor vehicle registrations.
- The governing board may create a capital improvement account.
- All remaining sections of ambulance district code would be repealed.
- Each district will have a broader administrative authority (4 persons) comprised of the governing board flanked by a chief administrative official representing ambulance services in the district, a chief administrative official representing non-transport services in the district, a representative of an area hospital or clinic district, where available, and the chairman or designee of the medical authority (described below) for the system area.
- Representatives are selected by the respective groups i.e. cities, fire districts, counties, and hospitals. If the groups cannot decide the Board will decide among names submitted.
- The administrative authority (“Authority”) is responsible for the EMSS district operations plan and contracts under which the individual EMS agencies may be paid.
- Failure to submit an operations plan may result in state fines against the district and/or the parent organizations responsible for EMS agency operations.

- EMS Bureau rules will outline the specific requirements for operations plans and definitions, calculation methods, etc. to be used in those plans and the implementation dates for those plans.
- Authority members serve for a three year term or until the conclusion of their term of office or resignation, whichever comes first. Individuals can serve multiple terms.
- Every EMS agency is subject to the authority of and must participate in the district.
- Every EMS agency is “grandfathered” at their current licensure level.
- The Authority is responsible for district budget management and operations planning.
- The Authority recommends to the Board which EMS agencies may change their clinical or transport capability, and which new EMS agencies should be permitted to operate in the district.
- Unresolved disputes between local government or a local EMS agency and the Board must submit to mediation by the EMS Bureau before filing a lawsuit.
- Upon dissolution of a fire district all remaining funds shall be used for the provision of EMS within the EMSS district.
- An area of a city that is within a fire district which is also the provider of the ambulance service to that area of the city can only withdraw from the district with the consent of the EMSS district board.
- The EMS laws about agency licensure will be rewritten to align with the requirement for district Authority consent for licensure.
- Fines will be the primary method of penalty for agencies failing to conform to district or state requirements.
- Hospital-based EMS agencies and issues relating to interfacility transfers are still under discussion.
- The Authority may recommend to the Board limits or setting conditions on agencies that provide non-emergency medical transportation.
- The district must have a “Medical Authority.”
- A Medical Authority may be configured in different ways depending on how many physicians serve as medical directors of local EMS agencies.
- Unresolved disputes within the Medical Authority that remain unresolved after being presented to the Board for which any party is inclined to file a lawsuit must first present for mediation before the EMS Physician Commission.

Emergency Medical Services A Systems Approach

EMS Code Task Force
2006 to 2008



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History



- Began as a Idaho State Fire Commissioners Association task force to rewrite fire district law to include the provision of EMS.
- Realization that 3 separate sections of law are intermingled and must be addressed together.
 - Fire District statutes (Title 31, Chapter 14)
 - Ambulance District statutes (Title 31, Chapter 39)
 - State EMS statutes (Title 56, Chapter 10)
 - EMS Rules
- New task force created under 3rd party facilitation coordinated by the EMS Bureau



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EMS Code Task Force



- State EMS Bureau
- EMS Physician Commission
- Idaho Association of Counties
- Association of Idaho Cities
- Idaho State Fire Commissioners' Association
- Idaho Fire Chiefs' Association
- Idaho Hospital Association



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What's the "problem"?




- No Man's Land
- Conflicts with overlapping jurisdictions
- Inconsistent levels of care and coverage
- Conflicting medical direction
- Ambiguous and archaic statutes
- No framework for collaboration
- Funding issues and disputes










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Purpose




- Recognition that many different types of organizations provide EMS services
- Coordination of EMS among counties, cities, fire districts, and medical community
- Assure system accountability and retain local agency autonomy
- Develop an **EMS System** of interdependent EMS agencies
- Draft legislation to create EMS Systems








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EMS System Vision



Optimal patient care through structure and collaboration among elected officials, administrative leaders, and the medical community across all EMS agencies within a geographic area






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Process




- Forming – Storming –
Norming – Performing
- Task Force stakeholders reached consensus in the interest of patient care

















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Results




- Formation of EMS Systems that encompass all EMS agencies
 - Patient-Centered
 - Effective
 - Efficient
 - Countywide coverage throughout Idaho
- Stakeholder representation and coordination
- Proposed legislation








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Governance




- All counties form an "Emergency Medical Services System (EMSS) District"
- All ambulance districts become EMSS districts
- The governing board of the EMSS district:
 - County commissioners
 - OR
 - One mayor or city councilperson, and
 - One fire district commissioner, and
 - One county commissioner








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Funding



- An EMSS district levy is optional
- The governing board sets the fees charged for EMS agency responses; all revenues are deposited into the dedicated district fund
- The governing board may create a capital improvement account

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Administrative Authority



- Members
 - Governing Board Members (3)
 - Chief administrative official representing ambulance services in the district
 - Chief administrative official representing non-transport services in the district
 - Hospital or clinic district representative
 - EMS medical director
- Three year terms


















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Administrative Authority




- Responsible for the EMSS district budget management and operations plan
- Recommends EMS agency changes in clinical or transport capability
- Recommends whether new EMS agencies should be permitted to function in the district

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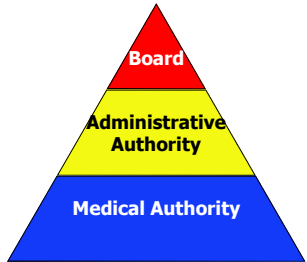
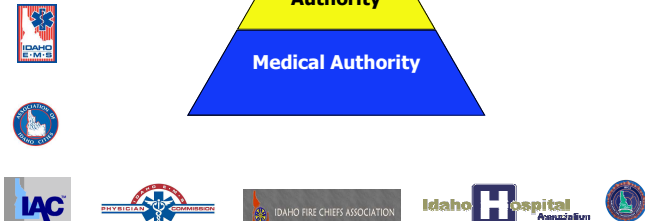
Medical Authority

- The District must have a "medical authority"
- May be configured several different ways
- Unresolved disputes within the medical authority may be referred to the EMS Physician Commission



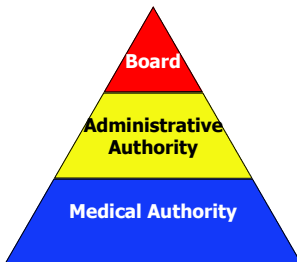
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EMS System Organizational Structure

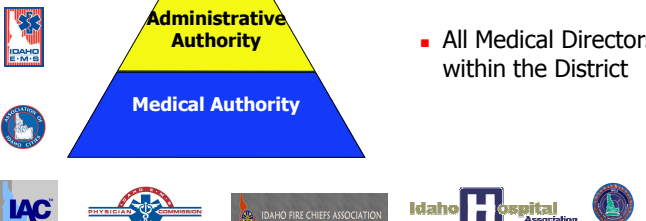



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EMS System Organizational Structure

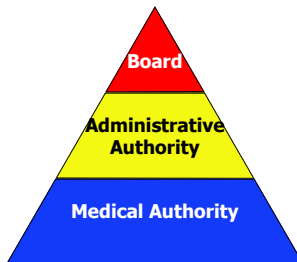


- Medical Authority
 - All Medical Directors within the District




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EMS System Organizational Structure



- Administrative Authority
 - Board
 - EMS transport
 - EMS non-transport
 - Medical Authority
 - Hospital/Clinic



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EMS System Organizational Structure

- 3 Member Board
 - BOCC or
 - 1 County Commissioner
 - 1 Elected City Official
 - 1 Fire Commissioner

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Individual Agencies

- Every EMS agency is accountable to and responsible for participation in the system
- Every EMS agency is “grandfathered” at their current licensure level

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Statutory changes

- Ambulance district law becomes EMS district law
- Fire district laws will have modifications
- EMS rules and licensure process will change
- EMS rules will provide additional guidance
- Fines will be the primary method of penalty for agencies failing to conform to district or state requirements

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What's next?

- Provide education
- Solicit feedback
- Finalize legislative language
- Secure legislative sponsors and support from stakeholders
- Work together to pass legislation

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Questions?





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